PTO/SB06 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD  Application of interruption criteria in authority of process and interruption criteria in authority of process in the part in the										
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-675								09	1382	318
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	RANGE	NAMBER FRED		MANGER EXTRA		FEE		RATE	FEE
	G FEE FR 1.10(10)						<b>s</b>	OR	· ·	<b>3</b>
	FR 1.16(4)		minus 20 =			× 1		<b>CIR</b>	× • •	
INDE D7 C	PEIDEIT CLAN FR 1.1000	9	eseine 3 =		•			OR	×1•	
MATPLE OSPENDENT CLAIM PRESENT (27 CFR 1.19(4)						•1		OR	+8=	
.10	e difference in o	olumo 1 le less tha	n zaro, eri	er "O" in column 2	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED — PART II										
<b>≒−</b> つ−万(column 1) (Column 2) (Column 3)					SMALL	NTITY	OR	OTHER SMALL		
ΑF		CLAIMS REMAINING AFTER - AMENDMENT		HIGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENT	Total CF CFR 1J480	15	Minus	56	•			OR	x 6	
N N	Endependent (IF CHI LISED)	. /	Minus	-14	• •	×1		OR		
¥	FIRST PRESENTATION OF MULTIPLE COPPENDENT CLAIM (37 CFR L16NO)				+1		OR	+1=		
						TOTAL ADDIL FEE		OR	TOTAL ADDL FEE	
(Column 1) (Column 2) (Column 3)										
ENT B	ul won	CLAIMS REMARKING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOS- TIDNAL FEE		RATE	ADDI- TIONAL FEE
Ž	Total CE CFR (JANA)	. 15	Minus	570	•/	× 8 •		OR	X \$	
ENDM	Independent (IF OFR LINGS)		Minus	- 14	•	χ.,		OR	x 8	
REST PRESENTATION OF MILITIPLE DEPENDENT CLAM (ST GPR 1.16(d)					41		OR,	+4 -	_	
						TOTAL ADDL FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)										
S		CLABAS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE .	ADDI- TIONAL FEE		RATE	ADDI- TICHAL FEE
ENDMENT	Total of O'R LINES	•	Minus	<b>60</b>	•	7.4		OR	x &	
	tratependent . pr off Liapp	•	Minus	***	•	×		OR	x 4*	
¥	PROST PRESENTATION OF MULTIPLE OSPISIOSHT CLAIM (27 CPR 1.18(6)					+1		OR	+ = -	
						TOTAL ADD'L FEE		OR.	TOTAL ADO'L FEE	
• If the entry in column 1 is test than the entry in column 2, write 'V' in column 3. •• If the Petriant Number Previously Paid For' on THIS SPACE in less than 20, enter '20'.										
"I the "regularst Number Previously Paid For" of This SPACE is less than 3, exist "J. "The Trighed Number Previously Paid For" of This SPACE is less than 3, exist "J.  The Trighed Number Previously Paid For (Tright or Indicember 1s the Number I found in the appropriate box in column 1.										

The Trighest Humber Previously Paid For' (Total or Independent) to the highest number found in the appropriate box in column 1.
This colection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to the tushful opposes; an explication. Confidentiality is governess by 35 U.SC. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to compute, including pulmetria, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Caller Information Officer, U.S. Patient and Tradential Officer, U.S. Opportunent of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Petentia, P.O. Box 1450, Alexandria, VA 22313-1450.